### TELEFAX COVER SHEET

## DAVID BALDRIDGE, M.D.

Dermatology
Diseases and Surgery of the Skin

35

COLLEGE PARK CENTER
2300 12th Avenue South, Suite 101
Great Falls, MT 59405

Telephone: (406) 727-1131 Fax: (406) 727-0234

THIS IS PAGE 1 OF 2 PAGES (including this page)

DATE: 2/13/07

TO:

FAX NUMBER: (406) 444-4825

NAME: Deborah Kottel and Jesse Ottara along with Members of Judicial Committee

MESSAGE Opposition Later to 48 605.

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Marci Lorio, RMA 1121 4th Avenue Vaughn, MT 59487 (406) 965-2268

February 13, 2007

From: Marci Lorio, RMA

To: Members of the House Judiciary Committee

Re: Opposition to HB 605

I am a Registered Medical Assistant (RMA) who has worked in physicians' offices for well over 12 years. I received most of my training as a hospital corpsman in the Navy where I was trained in every aspect of the medical assisting field as well as other responsibilities as an EMT and some nursing responsibilities that today's registered nurses are responsible for.

I trained in California, then moved back to Montana and have not seen any training facilities for medical assistants (MA) available. Almost all MA's who live in Montana have had to go out of state for training, if HB 605 is enacted there would be no provision in place for training of MA's, which are in short supply in this state. If all medical assistants must be registered or certified, patient care would suffer greatly with the lack of "trained" personnel. Having worked in Great Falls as a MA for eight years, I have seen the results of short supply of trained medical staff, and feel this law would hamper the quality of care for all Montanans.

According to the American Medical Technologists (AMT) "applicant shall have been employed in the profession of Medical Assisting for a minimum of five (5) years, no more than two (2) years of which may have been an instructor in a postsecondary medical assistant program." In HB 605 anyone interested in becoming a MA by way of on the job training would no longer be able to train along side a physician.

As a RMA, I am bound by the bylaws set through the AMT (which is a nationally accredited organization.) The AMT leaves the responsibilities of the RMA to be set by the physician. I, myself, have worked in dermatology for 12 years and have focused my training in dermatology by attending national meetings, reading journals, networking and on the job training. I feel that if the physician, for whom I work, is comfortable with my training and ability to assist, there should not be a "law" made by legislators who are not performing the tasks themselves. The physician should determine the responsibilities of those he/she works with and trusts to help run his/her practice. After all, the physician is the one who must answer for all mistakes made by his/her staff.

Thank you for taking the time to read this in your busy schedule.

Sincerely

Marci Lorio, RMA



# NORTHWEST ORTHOPEDICS & SPORTS MEDICINE

James Blasingame, MD Kim Stimpson, MD P. Kurt Thorderson, MD

February 14, 2007

#### Dear Sir's:

I am a Clinic Operations Manager for Northwest Orthopedics & Sports Medicine. I have managed clinics in Northwest Montana for the last 18 years. I have also sat on the Flathead Valley Community College Board for Certified Medical Assistants. I have concerns about the practical and financial effect of House Bill No.605 and how it will not only financially but literally devastate the Physician Clinics and our ability to provide quality health care if passed.

Realistically only about 30% of Medical Assistants in Physician Clinics of Montana are registered or certified. All of these assistants have been trained by physicians for many years and operate and perform task that have been approved by the physician employer. A physician is not going to allow his medical assistant to perform task that he/she feels the medical assistant is not trained in doing nor is he going to put himself at risk. It is his liability at risk as well.

In Kalispell you will see a higher number of Certified and Registered Assistants but in the rural areas of Montana, this bill could completely devastate Physician Clinics. This day in age there are not enough RN's and LPN's as it is. It is not even realistic to think that this bill could be passed next week and that Physician Clinics could possibly replace the staff we are currently operating with licensed personal. It is very difficult to fill clinical positions with qualified medical assistants as it is. If a bill like this were passed it would have to be implemented over a period of 10 to 15 years in order to allow Nursing and Medical Assistant Programs to gear up.

I have addressed some concerns in House Bill No. 605 as follows.

#### Section 1

- (1) An internship in a hospital is not realistic since medical assistants rarely practice in a hospital environment. Job duties and task are not even comparable. Paragraph 1 states that the board could approve other internship programs I am concerned the process would be lengthy are impractical.
- (6) There should be 2 descriptions in this section
  (a) Medical Assistant an allied healthcare worker who function under the supervision of the physician or podiatrist who performs clinical and administrative task.
  (b) Certified Medical Assistant an allied healthcare worker (who has completed a course of study and assumed the title of certified or registered)who function under the supervision of the Physician or Podiatrist and performs clinical and administrative task.
- (7) Should read: Direct Supervision (not onsite supervision), there are many task such as taking vital signs that a physicians does not need to be present in the clinic setting. It would be very unlikely that these procedures could cause harm to the patient. Each physician should set guidelines in given clinic and not allow Medical Assistants to perform until these task can be done with patient safety in mind. I feel this is done now.

#### Section II

#### Item 2 a

viii. Should read administering medication (remove unite desage).

#### Item 2

- b. Should read: A physician or podiatrist shall provide direct supervision of any of the clinical task provided for in this subsection (2) it should also read that the following task should only be performed with sufficient training, coarse study or certification in the following.
- a. administering consscious sedation (most guidelines require ACLS certification).
- b. intravenous administration of fluids, medication or blood products.

#### Item 4 needs to be removed.

#### Item 4

e. Needs to be removed unless this requirement is mandatory for other health care personal such as RN's, Paramedics, EMT's and LPN's.

#### Item 6

The board "may" hold the supervising physician or podiatris responsible.

Thank you for your prompt attention to my concerns and how your bill will affect healthcare in Montana.

Sincerely,

Sandra Absalonson

Clinic Operations Manager

Northwest Orthopedics & Sports Medicine



620 South Haynes Avenue Miles City, MT 59301 Phone (406) 233-7000 Fax (406) 233-7070

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Rep Bill McChesney restriction physicians use of wednesd assistants. The existing The Covers this issue adequal well the Medical There are not emph all the functions of the wednesd assistants Even if there were assist costs
will double poer the cost Da qualified medical assistant, Two is no endever the a nuver is nove qualified After tasks cythently assigned than a trained assistant working, under the direction of a physician.

To whom it may concern:

Coolette appare HB605

as a medical assistant a strongly believe we are adequate could under the exsisting law.

I am highly qualified i the training Thave had and contained to be created for my job

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